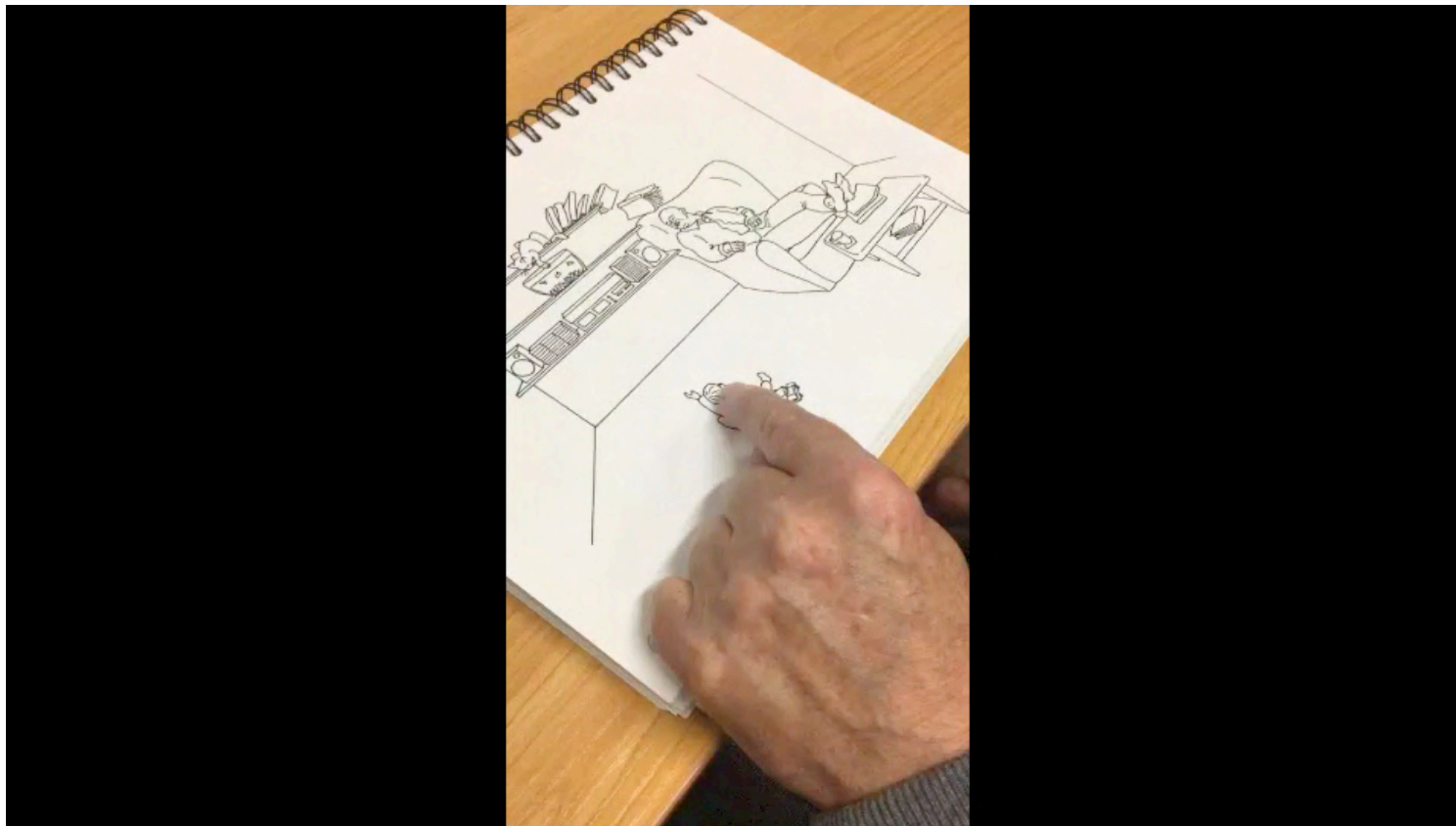




Aphasia: What can we do to assist?

Lucy Greig
Speech-language therapist
Clinical Director, UC Rose Centre for Stroke Recovery and Research

Aphasia: A complex language disorder



Aphasia

- + 17,000 New Zealanders living with aphasia (AphasiaNZ, 2011)
- + Numbers increasing = more people with aphasia (PWA) accessing health system
- + Chronic condition
- + “Invisible disability” (McCann, 2012)
- + Largest negative impact on HRQOL (Lam et al, 2010)

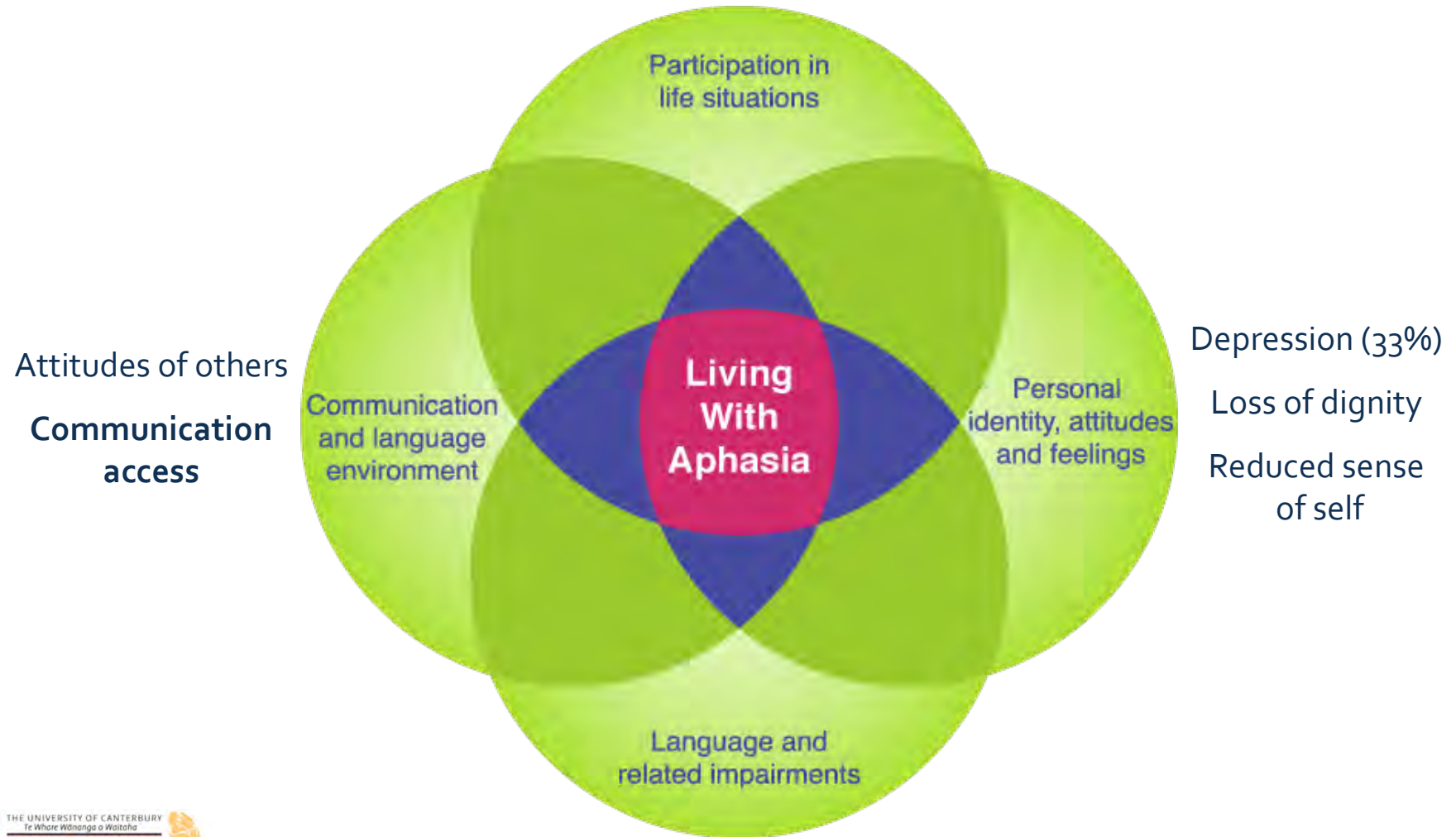
Language and Communication

- + Language = defining feature of humanity
- + Foundation for much of our lives
- + Enables participation
- + Essential element in Healthcare- “Health Literacy”
- + **A basic human right**

Meet Ron

- + 55 year old business owner
- + No family in Christchurch
- + Admitted to hospital - left MCA stroke
- + Reduced engagement on ward
- + Speech-language therapy assessment
- + Walking; independent with his ADLs.
- + Rehabilitation ward full – discharged to residential facility
- + Referred to Community SLT (max. seen 1x fortnight)
- + Loss of employment
- + Business decisions removed from him

Social isolation (*risk factor for public health*)
Education
Reduced employment opportunities
Healthcare / access to services



Poor health literacy leads to an increase in preventable hospital admissions

Inappropriate discharge

6x more likely to have adverse events in hospitals (Hemsley et al, 2013)

Greater dissatisfaction with medical care (Simmons-Mackie et al, 2018)

Healthcare & PWA

"People have a hard time accepting that I can consent to my own medical treatments"

50% have difficulty communicating their healthcare needs in hospital (Hemsley et al, 2013)

Staff and visitors talk to stroke survivors with aphasia significantly less (Godecke et al, 2014)

Improving quality of care for PWA

Acknowledge importance of communication

Look for symptoms of aphasia - assessment

**Promote access to speech-language therapy
rehabilitation**

Learn adaptive communication techniques (ramps)

Make written materials accessible

Provide opportunities for participation

Advocate for aphasia rehabilitation

- + Principles of neuroplasticity
- + Intensive aphasia rehabilitation (ICAPS)
- + VERSE – Very Early Aphasia Rehabilitation after Stroke
- + Aphasia LIFT - Language Impairment and Functional Therapy

Adaptive communication skills

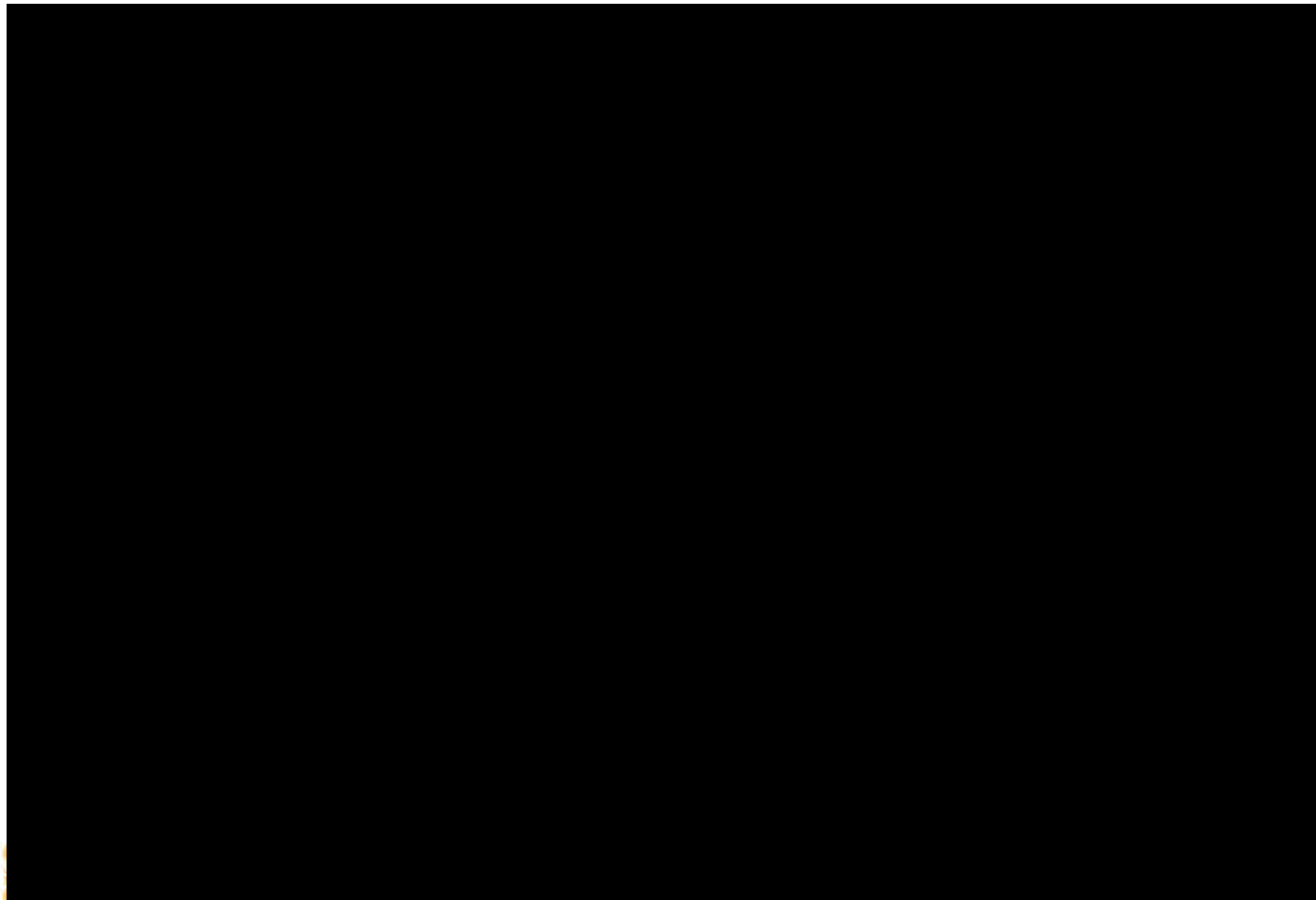
+ Acknowledge competence

+ “People pat me on the head and talk to me like I’m a child. They assume that because I can’t speak, I can’t understand or think.”

+ Reveal competence

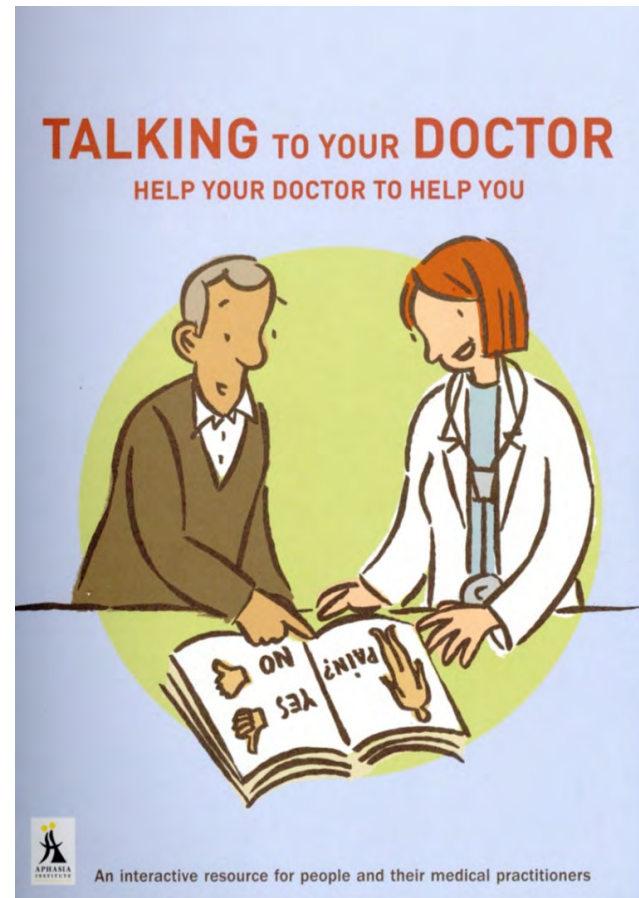
+ “It takes me much longer to spell out what I want to say than it does for someone to speak. People don’t usually make allowances for my slower rate of communicating.”

Supported Conversation for Adults with Aphasia™



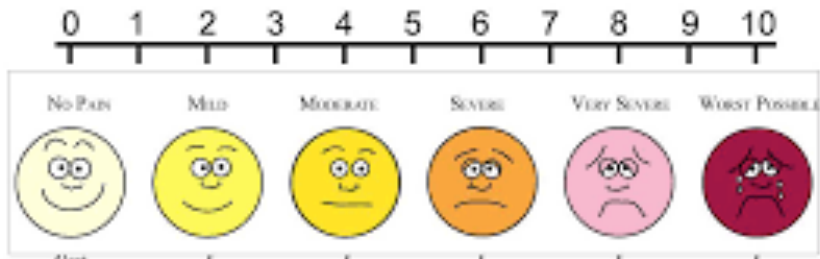
Revealing competence

- + Materials on hand
- + Modify your language
- + Write keywords / topics
- + Give time to respond
- + Repeat their message
- + Recap if long conversation



Universal Pain Assessment Tool

This pain assessment tool is intended to help patient care providers assess pain according to individual patient needs. Explain and use 0-10 Scale for patient self-assessment. Use the faces or behavioral observations to interpret expressed pain when patient cannot communicate his/her pain intensity.



● I AM

- short of breath
- in pain
- choking
- feeling sick
- hungry/thirsty
- cold/hot
- tired
- dizzy
- angry
- afraid
- frustrated
- sad

● I WANT

- to be suctioned
- lip moistened
- water
- to be comforted
- to sleep
- tv/video/dvd
- call light /remote
- it quiet
- lights off/on
- to go home
- to sit up
- to lie down
- to turn left/right
- head of bed up/down
- get out of bed

● I WANT TO SEE

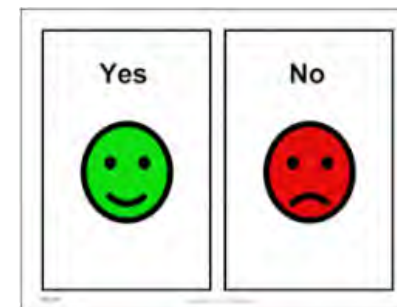
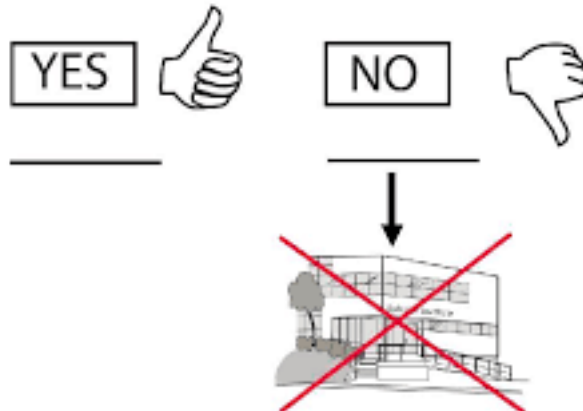
- doctor
- nurse
- family
- chaplain

Alphabet grid: A-Z, 1-9, 0, +, -, =, space, ? !

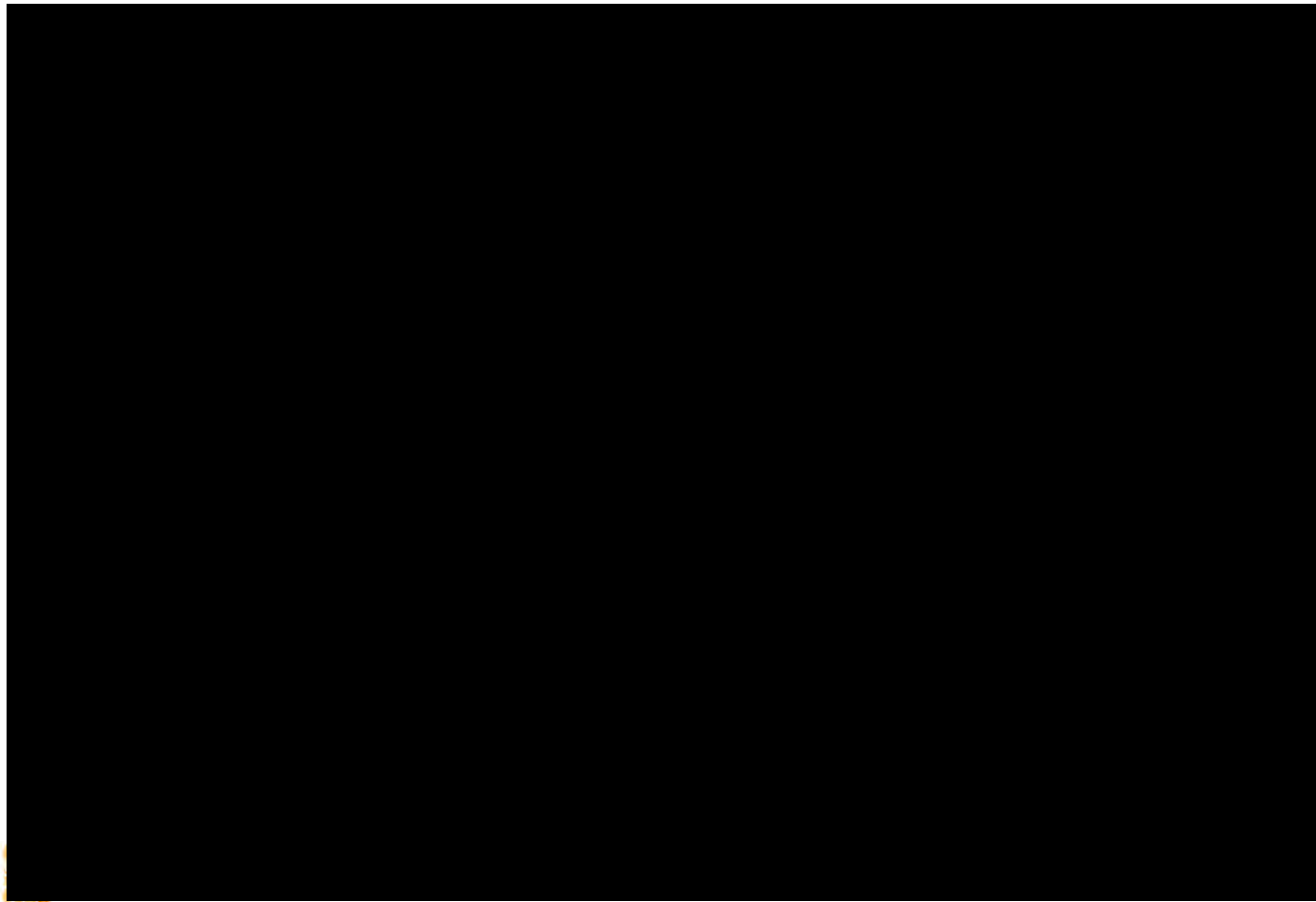
Buttons: thumbs down, thumbs up (yes), stop, pen/paper

Thank You
I Love You

For infection control purposes, please do not reuse this board between patients.



Supported Conversation for Adults with Aphasia™



Accessible written materials

Emotional Changes After Stroke

Stroke can cause changes to your mood.
These changes may include:

Post-Stroke Depression (PSD)

PSD is common after stroke.

- You may feel sad
- You may feel tired
- You may have difficulty concentrating
- You may eat too much or not enough
- You may lose interest

What you can do:

Call your doctor if you think you have PSD



Simplified vocabulary



Use active voice



Simplified grammar and syntax



Large font (14)



Simple font style



Lots of white space
(1.5 spacing)

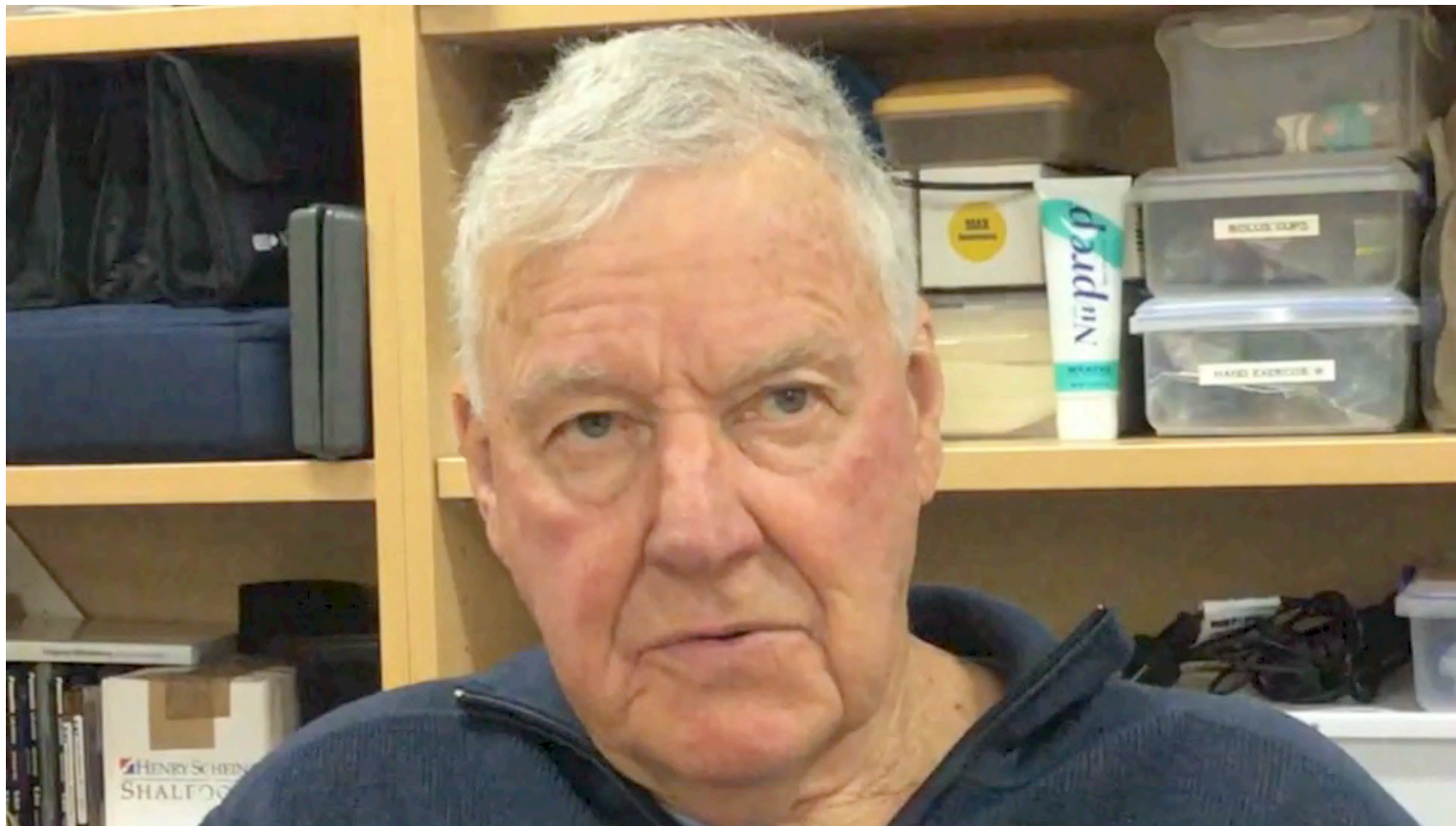


<http://www.aphasia.org.nz>



<https://www.healthnavigator.org.nz/media/1001/aphasia-booklet-final.pdf>

Promote participation



What can you do tomorrow?

- + Promote and deliver communication access for all!
- + Review your environment
- + Recommend specialist assessment
- + Liaise with specialist
- + Practice using different communication ramps
- + Provide opportunities for participation
- + Advocate for aphasia rehabilitation

Resources

- + **Self-directed learning module:**
<https://www.aphasia.ca/home-page/health-care-professionals/knowledge-exchange/self-directed-sca-module/>
- + **Aphasia New Zealand Charitable Trust** <http://www.aphasia.org.nz>
- + **Aphasia Institute Canada** <https://www.aphasia.ca>
- + **Modifed Communication Environment Assessment and Planning Guide –**
Appendix in: Louise Hickson, Linda Worrall, Jill Wilson, Cheryl Tilse & Deborah Setterlund (2005) Evaluating communication for resident participation in an aged care facility, *Advances in Speech Language Pathology*, 7:4, 245-257, DOI: 10.1080/14417040500337047
- + **How to make documents accessible:** Tanya A. Rose, Linda E. Worrall, Louise M. Hickson & Tammy C. Hoffmann (2011) Aphasia friendly written health information: Content and design characteristics, *International Journal of Speech-Language Pathology*, 13:4, 335-347.